

REVIVE! Training Guide

I. Welcome

Sign in and Complete Registration Form if Necessary

Training Objectives

- Understand REVIVE! and lay administration of naloxone, including "Good Samaritan" protection
- Understand opioid overdose
- Understand how naloxone works
- Identify causes and risk factors for opioid overdose
- Clarify common myths about opioid overdose reversal
- Provide information that may assist in the reversal of an overdose
- Register lay administrators of naloxone

II. Introductions

III. House Bill 1672 and REVIVE!

In 2013, the Virginia General Assembly passed House Bill 1672, directing the Virginia Department of Behavioral Health and Developmental Services (DBHDS), in conjunction with the Virginia Department of Health, the Virginia Department of Health Professions, law enforcement and the recovery community, to conduct a pilot project on the administration of naloxone to counteract the effects of an opioid overdose. Virginia is the 19th state (plus the District of Columbia) to have a naloxone administration program. The Virginia law provides "Good Samaritan" protection for lay rescuers administering naloxone to individuals who are This law protects you from being sued in case the rescue is not success

IV. Video Presentation

Reversing an Overdose

<https://www.youtube.com/watch?v=UASuPWT0bvI>

V. Understanding Opioid Overdose

An opioid overdose happens when a toxic amount of a drug, or a combination of drugs, overwhelms the body and causes it to shut down. With drugs such as alcohol, heroin, and many prescription pain medications, breathing slows and stops, and the heart stops beating.

The main difference between someone who is high and someone who is overdosing is that someone who is overdosing is UNRESPONSIVE. Other differences:

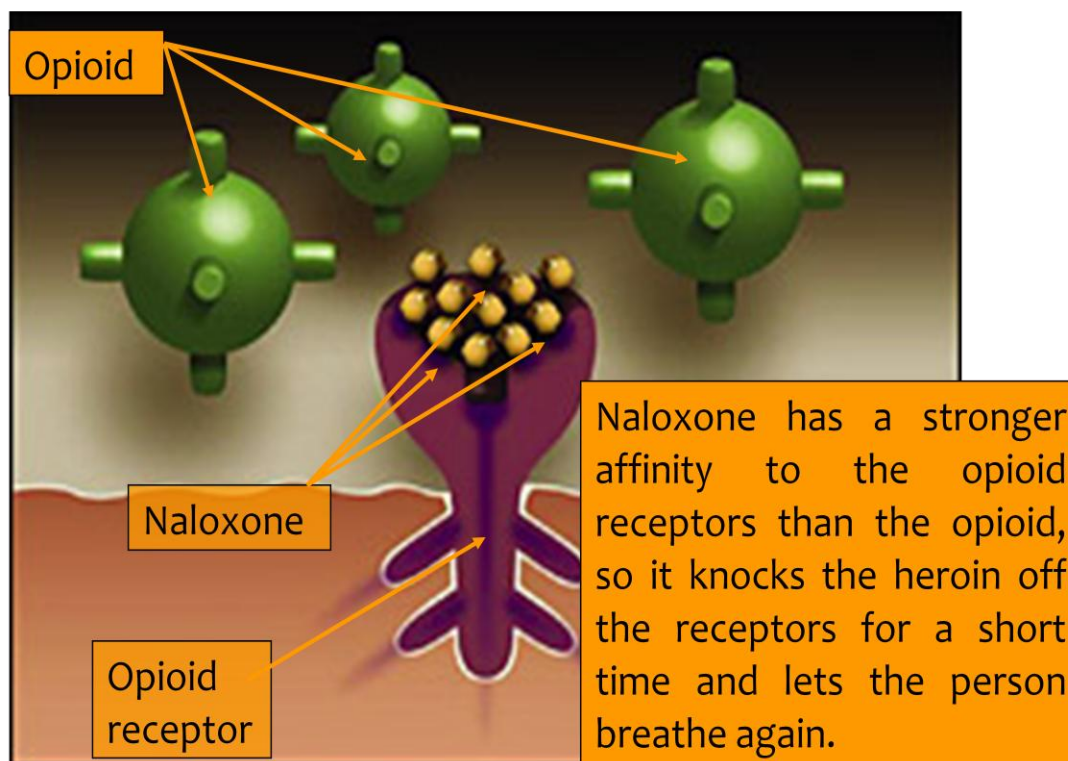
REALLY HIGH	OVERDOSED
Muscles become relaxed	Pale, clammy skin
Speech is slowed or slurred	Breathing is infrequent or has stopped
Sleepy-looking	Deep snoring or gurgling (death rattle)
Responsive to shouting or sternal rub	Unresponsive to any stimuli
Normal heart rate and/or pulse	Slow or no heart rate and/or pulse
Normal skin tone	Blue lips and/or fingertips

Keys to look for if you suspect someone has overdosed:

- Unresponsiveness to yelling or stimulation, like rubbing your knuckles up and down the person's sternum or breast bone (response, or lack thereof, to this stimulation effectively draws the line between overdosing and being really high but not overdosing).
- Slow, shallow, or no breathing
- Turning pale, blue or gray (especially lips and fingernails)
- Snoring, gurgling or choking sounds
- Very limp body
- Vomiting

Today you will learn how you can use naloxone to reverse an opioid overdose and save someone's life.

VI. How does naloxone work?



VII. Risk Factors for Opioid Overdose

There are a number of factors that can place someone at increased risk for opioid overdose. These include:

- Prior overdose
- Reduced tolerance – previous users who have stopped using due to abstinence, illness, treatment, or incarceration
- Mixing drugs – combining opioids with other drugs, including alcohol, stimulants or depressants. Combining stimulants and depressants DO NOT CANCEL EACH OTHER OUT.
- Using alone
- Variations in strength/quantity or changing formulations (e.g., switching from quick acting to long lasting/extended release)
- Medical conditions such as chronic lung disease or kidney or liver problems

VIII. What NOT to do During an Overdose

There are many myths about actions you can take to reverse an overdose. Here are some, and why you should NOT DO THEM.

- DO NOT put the individual in a bath. They could drown.
- DO NOT induce vomiting or give the individual something to eat or drink. They could choke.
- DO NOT put the person in an ice bath or put ice in their clothing or in any bodily orifices. Cooling down the core temperature of an individual who is experiencing an opioid overdose is dangerous because it can further depress their heart rate.
- DO NOT try and stimulate the individual in a way that could cause harm, such as shaking them, slapping them hard, kicking them, or other more aggressive actions that may cause long-term physical damage.
- DO NOT inject the individual with any foreign substances (e.g., salt water or milk) or other drugs. It will not help reverse the overdose and may expose the individual to bacterial or viral infection, abscesses, endocarditis, cellulitis, etc.

IX. Responding to a Suspected Opioid Overdose

1. Check for responsiveness and administer rescue breaths if person is not breathing.
2. Call 911.*
3. Continue rescue breathing if person is not breathing.
4. Administer naloxone.
5. Resume rescue breathing if the person has not started breathing yet.
6. Conduct follow-up and administer a second dose of naloxone if no response after three minutes.

* If you have to leave the person, put the person in the recovery position (described below).

X. Hands-on Training – Responding to an Opioid Overdose

1. **Check for responsiveness and administer rescue breaths if person is not breathing.**
 - a. Yell their name and touch their shoulder.
 - b. Give a sternal rub. Make a fist and rake your knuckles hard up and down the front of the person's sternum (breast bone). This is sometimes enough to wake the person up.
 - c. Check for breathing. See if the person's chest rises and falls and put your ear near the person's face to listen and feel for breaths.
 - d. If the person does not respond or is not breathing, proceed with the steps listed below.
 - e. Put on latex-free gloves from naloxone kit.
 - f. Check the person's airway for obstructions and remove any obstructions that can be seen. Clear any obstructions with a sweeping (NOT POKING OR STABBING) motion.
 - g. Tilt the person's forehead back and lift chin (see diagram below).
 - h. Place breathing mask on person's face, covering their mouth and nose. Ensure that the plastic piece is in the person's mouth.
 - i. Pinch the person's nose and give normal breaths – not quick or overly powerful breaths.
 - j. Give three breaths, one breath every five seconds.



Image courtesy of the Chicago Recovery Alliance

2. **Call 911** [If you have to leave the person, put the person in the recovery position – see details below].
 - a. Quiet down the scene, and speak calmly and clearly. State that someone is unconscious and indicate if the person is not breathing.
 - b. You **DO NOT** have to mention drugs or overdose when calling 911.
 - c. Give the exact address and location. If you're outside, use an intersection or landmark.
 - d. When first responders arrive, tell them it is an overdose and what drugs the person may have used.



1. CALL 911

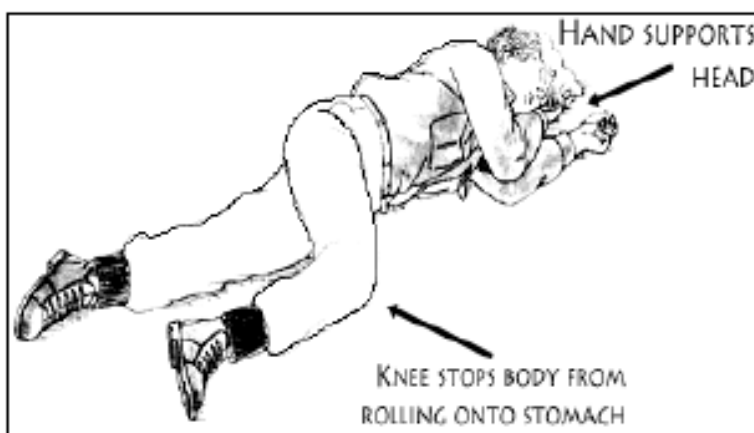
PLEASE NOTE: Complications may arise in overdose cases. Also, naloxone only works on opioids, and the person may have overdosed on something else, e.g., alcohol or benzodiazepines. **Emergency medical services are critical.**

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* If you have to leave the person while they are still unresponsive, put the person in the **recovery position**.

- a. Roll the person over slightly on the person's side.
- b. Bend the top knee.
- c. Put the person's top hand under the person's head for support.
- d. This position should keep the person from rolling onto their stomach or back and prevent them from asphyxiation in case of vomiting.
- e. Make sure the person is accessible and visible to first responders (don't close or lock doors that would keep first responders from being able to find the person).



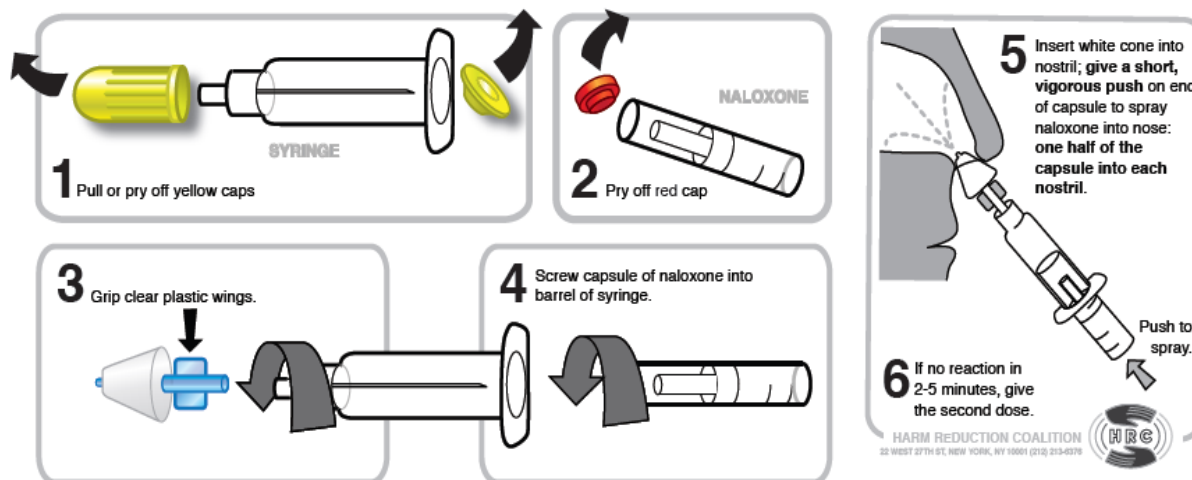
3. **Continue rescue breathing** if the person is not breathing.

- a. Tilt the person's forehead back and lift chin (see diagram above, page four)
- b. Place breathing mask back on person's face, covering their mouth and nose. Ensure that the plastic piece is in the person's mouth. You can still do mouth-to-mouth rescue breathing if a mask is not available.
- c. Pinch the person's nose and give normal breaths – not quick or overly powerful breaths.
- d. Give one breath every five seconds.
- e. Continue rescue breathing for approximately 30 seconds.

PLEASE NOTE - Brain damage can occur after three to five minutes without oxygen. Rescue breathing gets oxygen to the lungs quickly. Once you give naloxone, the person may not start breathing on their own right away. You may have to keep breathing for the person until the naloxone takes effect or until emergency medical services arrive.

4. Administer Naloxone.

- Pull the yellow caps off the syringe.
- Pull the red cap off the naloxone vial.
- Screw the spray device onto the syringe.
- Gently screw the naloxone vial into the bottom of the syringe.
- Put the tip of the spray device into one nostril and push on the capsule to spray half of the naloxone into the nostril; immediately switch to the other nostril and spray the other half of the naloxone into the nostril (see diagram below).



Note: If someone is dependent on opioids, giving them naloxone may result in temporary withdrawal. This response can include abrupt waking up, vomiting, diarrhea, sweating, and agitated behavior. While withdrawal can be dramatic and unpleasant, it is not life threatening and will only last until the naloxone has worn off.

5. Resume rescue breathing if the person has not yet started breathing.

Note: Brain damage can occur after three to five minutes without oxygen. The naloxone may not kick in that quickly. You may have to breathe for the person until the naloxone takes effect or until emergency medical services arrive.

6. Conduct follow-up assessments and take next steps.

If an overdose victim revives, they may be in withdrawal. Withdrawal may include abrupt waking up, vomiting, diarrhea, sweating, and agitated or violent behavior. They may not remember overdosing.

- While dramatic and unpleasant, withdrawal is not life-threatening and will only last until the naloxone has worn off.
- Keep the person calm. Tell the person that drugs are still in his/her system and that the naloxone wears off in 30-45 minutes.
- Recommend that the person seek medical attention and assist him/her if necessary.

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- **DO NOT let the person use more opiates. The naloxone will block them and the person could overdose again after the naloxone wears off.**
- **DO NOT** provide person with any food or water until they are fully alert.

The administration of naloxone to an individual is not the last step in reversing an opioid overdose. Further attention and action are necessary. After administering naloxone, take the following steps to ensure that the person has been revived.

- You may need to give the person more naloxone. Give a second dose if the person does not respond after three minutes or if the person loses consciousness again. Apply a second sticker to the person.
- Apply “I’ve Received Naloxone” sticker somewhere visible on the person which can let first responders know that the person has experienced an overdose and received naloxone.
- Naloxone takes several minutes to kick in and wears off in 30-45 minutes. The person may go back into overdose after the naloxone wears off.
- Check to see if person starts to breathe and becomes responsive.
- Resume rescue breathing if the person has not started breathing on their own.
- Naloxone wears off in 30-45 minutes. An additional administration may be necessary. Therefore, it is **STRONGLY RECOMMENDED** that you watch the person for at least an hour or until emergency medical services arrive in case the person goes back into overdose.

XI. Video Presentation

How to Prepare Naloxone for Administration

<https://www.youtube.com/watch?v=Uq6AxEY3Vk>

XII. Complete Evaluation

XIII. Thank you for attending this REVIVE! Training!

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ACKNOWLEDGEMENTS:

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